

7

Cross-Professional Care

Learning Objectives

- Describe the advantages and disadvantages of a cross-professional approach to osteoporosis.
- Analyze various models of cross-professional teamwork.
- Compare the roles and responsibilities of various health professionals in preventing, treating, and managing osteoporosis.
- Match available professional resources to individual patient needs, cases, and circumstances.
- Describe the elements of coordinated care for a patient.

Topic Contents

1. The Cross-Professional Approach to Preventing, Treating, and Managing Osteoporosis
2. Health Professionals' Roles in Preventing, Treating, and Managing Osteoporosis
3. Coordinating Cross-Professional Care

1. The Cross-Professional Approach to Preventing, Treating, and Managing Osteoporosis

In order to provide excellent, comprehensive, cost-effective prevention, treatment, and management of an illness such as osteoporosis, interdisciplinary teamwork encompassing a broad range of health professionals is essential. Cross-professional teamwork has a long history in the health professions, particularly in geriatrics and physical and psychiatric rehabilitation, and more recently in the care of people with chronic illnesses such as AIDS. Although some of the earlier experiments with interdisciplinary teamwork as a means for delivering primary care did not survive, the evolution of the health care system has renewed an interest in teamwork in primary care settings as well. Teamwork is especially useful in the circumstances below.¹

- The situation presents complex problems that require multiple sets of expertise.
- The volume of skills and knowledge needed to deal with a problem is too great for one provider.
- Assembling a group of providers from different disciplines will enhance the solution to the problem.
- Team members can communicate on an equal basis.
- Providers are willing to give up some professional autonomy for the purpose of working together toward a common goal.

Clearly, the prevention, treatment, and management of osteoporosis is a complex task that can best be accomplished when an interdisciplinary team of providers cooperates to provide comprehensive and coordinated health care services. Such cross-professional care can help ensure that the full spectrum of osteoporosis-related health care needs is addressed, from patient education and counseling for health promotion to development and monitoring of treatment plans and assistance with activities of daily living.

Cross-professional, or interdisciplinary, care is defined as the *coordinated* provision of health care by providers from different professions. It requires having shared patient care goals and on going communication and is consistent with a model of care that focuses on maximizing health rather than primarily treating disease. Characteristics that define a collaborative team include the provision of care to a common group of patients; the development of common goals for patient outcomes; the assignment of appropriate roles and functions to team members; and the presence of mechanisms for sharing information, assessing outcomes, and improving care.¹ It is distinguished from the following models of care:

- the multidisciplinary care model, which does not require practitioners to work collaboratively but rather involves various health care professionals working

independently, each addressing a different aspect of care,¹⁻²

- the consultative model, which involves one provider retaining central responsibility and maintaining professional independence while consulting with other professionals as needed.¹

Coordinated interdisciplinary care has several advantages for patients, health care providers, and health care systems alike. Patients receive improved care through coordination of services and attention to the full range of problems posed by an illness. For practitioners, cross-professional care may increase professional satisfaction through clearer articulation of the goals of care, the opportunity to learn new skills and approaches to care, and greater mutual support. In addition, such care facilitates a shift in emphasis by practitioners from acute episodic care to long-term preventive care and provides an environment for professional innovation. Potential advantages to the health care system as a whole include more efficient and cost-effective delivery of care, maximized use of resources and facilities, and a decreased burden on acute care facilities resulting from increased attention to prevention and health promotion.^{1,3-5}

In the current health care environment, a focus on outcomes and accountability and attention to continuous quality improvement also necessitate the use of interdisciplinary approaches to care. As Berwick⁶ has pointed out, the new clinical skills of quality management include, among others, the ability to perceive and work effectively in interdependencies, the ability to work in teams, the ability to understand work as a process, skills in working collaboratively with lay managers, and skills in designing health care practices. Health care outcomes are not the sole responsibility of one profession, but result from the combined effort of the entire health care team. This includes not just those responsible for direct patient care, but also the administrators, managers, office staff, and other ancillary personnel who help to organize the contexts in which care is provided.⁷⁻⁸

Cross-professional care is not without problems and drawbacks. The process of team formation is time-consuming and requires that team members coordinate their busy schedules to permit adequate time for face-to-face discussion and planning. Collaboration also requires ongoing communication among team members, which may take time away from direct patient care. Mechanisms must be in place to ensure that patients do not become confused about who serves as the primary provider or point of contact. In addition, a comprehensive approach to health care may lead to increased rather than decreased use of limited resources and services, and barriers may limit reimbursement for the services provided by collaborative teams. Finally, successful cross-professional teamwork requires ongoing conflict resolution and reassessment of goals in order to ensure that the delivery of health care services is not impaired.¹

2. Health Professionals' Roles in Preventing, Treating, and Managing Osteoporosis

A first step in participating in cross-professional care is understanding the roles of the various health care providers involved. The prevention, treatment, and management of osteoporosis potentially involve a large number of different professions; understanding what each can contribute to meeting a patient's needs increases the likelihood that a practitioner will take steps to bring together all of the professions needed to provide appropriate services. Professional services may not always be provided directly to the patient but may be given indirectly through consultation with another practitioner. Table 7.1 provides a summary of the professional typically involved in dealing with osteoporosis and the tasks for which they may be responsible. It is important to note that roles and competencies often overlap, raising issues of professional domain and responsibility. Although training and legal scopes of practice define the different responsibilities and competencies among the health professions, a focus on the needs of the patient may lead to some blurring of traditional distinctions. Many professionals, for example, may practice in settings that, for reasons of limited resources or a small patient population, have available only a limited number of different professions. In such cases, practitioners may find themselves providing services that would not usually fall within their realm of responsibility. Knowing the roles and responsibilities of other practitioners helps the person in such a situation extend himself or herself to enable the team to provide comprehensive services despite these limitations.

Two additional professionals with highly specialized roles (and therefore not included in Table 7.1) in the prevention and treatment of osteoporosis are the exercise physiologist and the certified orthotist. The exercise physiologist consults with health care practitioners and patients regarding weight-lifting and resistance training. The orthotist provides and fits trunk orthoses and fabricates foot orthoses when biomechanical problems of the foot make performing weight-bearing exercise painful. (Foot orthoses often are needed for patients with rheumatoid arthritis so that increased weight-bearing activity is possible.)

Table 7.1

Roles of Health Professionals in Preventing, Treating, and Managing Osteoporosis

Health Professional Roles	MD, NP, PA	PT	RD	RN	OT	MSW	PH
Assess risk	•	•	•	•	•	•	•
Put osteoporosis in context of patient's other physical problems and potential risk factors	•	•	•	•	•	•	•
Assess functioning	•	•		•	•	•	
Assess activities of daily living	•	•		•	•	•	
Treat to normalize bone remodeling process	•	•					•
Treat acute fractures	•	•	•	•	•	•	•
Treat pain	•	•		•	•		•
Develop program of care to improve strength, range of motion, and skeletal alignment (posture)		•			•		
Develop dietary regimens to improve calcium intake, bioavailability of calcium, vitamin D, and other nutrients	•		•	•			•
Develop regimen to improve overall nutritional status	•		•	•			
Develop regimen to reduce contradictory factors (e.g., excessive protein intake)	•		•	•			•
Develop program of care to improve function/activities of daily living	•	•	•	•	•	•	•
Coordinate treatment plan	•	•	•	•	•	•	•
Monitor medication use (potential interactions, efficacy, side effects)	•	•	•	•	•	•	•
Monitor bone density measurements	•	•					
Respond to reported side effects	•	•	•	•	•	•	•
Review and explain treatment plan	•	•	•	•	•	•	•
Inform patient about medication/food interactions	•		•	•			•

Table 7.1 *continued*

Health Professional Roles	MD, NP, PA	PT	RD	RN	OT	MSW	PH
Instruct patient in appropriate use of specific medications	•			•			•
Advise patient about calcium/mineral supplements, vitamins, and over-the-counter pain medications	•		•	•			•
Educate patient about disease	•	•	•	•	•	•	•
Teach exercises that will reduce fracture risk		•			•		
Teach exercises that will reduce pain	•	•		•	•		
Teach correct positions and mobility patterns for daily activities		•			•		
Encourage adoption of recommended dietary guidelines	•	•	•	•	•	•	•
Provide guidance on how to modify diet & manage digestive problems that may result from increased calcium	•		•	•			•
Provide health promotion/disease prevention counseling	•	•	•	•	•	•	•
Provide counseling to improve coping skills and overall quality of life	•			•		•	
Discuss results of laboratory tests	•			•			•
Teach stress reduction methods	•	•		•		•	
Assist in reducing barriers to implementation of recommendations of other health care professionals	•	•	•	•	•	•	
Assist patient in creating or identifying support network	•			•		•	•
Assist patient in overcoming financial barriers to care						•	

Key:

MD = physician

NP = nurse practitioner

PA = physician assistant

PT = physical therapist

RD = licensed or registered dietitian

RN = registered nurse

OT = occupational therapist

MSW = social worker

PH = pharmacist

3. Coordinating Cross-Professional Care

Because a team's focus is on the needs of the patient, patient care goals determine the composition of the team. Regardless of which health care practitioners form the team, however, the patient and patient's family always are central members of the health care team and active partners in care. When the group of practitioners and patient begins to work together as a team, it faces three essential tasks: coordination, communication, and shared responsibility.⁹

Coordination begins with agreeing on both short-term and long-term goals. Although the primary goals will be patient-related, the team will also have professional goals. An example would be the goal of developing additional knowledge or skills. Overlap often exists in the skills of various providers; for example, several professions are skilled in interacting with and educating patients. Because of this, it is useful for team members to develop ways to share responsibility for some tasks. In addition, a focus on tasks rather than professional roles may help to reduce conflicts arising from professional territoriality and ownership. Decisions about who is to do what can be guided by provider availability, level of training and experience, and team member preferences.¹ Early team training often emphasized strict egalitarianism. However, this often failed to recognize the danger of premature or inappropriate assignment of responsibilities to team members who might not have been ready to accept them.⁹

Effective, coordinated care requires efficient communication. An ideal communication system would include the following:

- a well-designed record system
- regularly scheduled meetings for discussion of patient issues
- a regular forum for discussion of issues related to team function and related interpersonal issues
- a mechanism for communicating with external systems.¹

As sophisticated computer-based information systems are developed and more commonly used, team communication may be greatly facilitated, and the concept of "team" may more easily expand to include practitioners who are not in physical proximity to one another.

Sharing responsibility raises issues related to leadership and decision-making. Although physicians historically have been the primary decision-makers in health care, driven in large measure by their legal responsibility for patient care decisions as well as their possession of extensive education and training, decision-making responsibility often now is shared. When teams are *health care* rather than *medical care* teams, leadership and

decision-making may shift based on the nature of the particular patient problem at hand.³ In addition, decisions may be made by subsets of the team rather than by the full team or by one individual.¹

For example, the registered nurse may be the lead coordinator for all osteoporosis teaching, counseling, and outreach for patients in a particular practice. In the same practice, the physician assistant with advanced expertise in pulmonary problems may be the lead coordinator for all chronic pulmonary problems. A receptionist who enjoys maintaining and updating teaching materials may support both of these individuals. Cross-professional care uses the strengths, interests, and expertise of team members in a creative, flexible style—crossing traditional boundaries of leadership to provide holistic, patient-centered care.

Suggested Learning Activities

For general suggestions on instructional strategies, see *Section IV, Resources for Teaching and Assessment*.

1. **Shadow someone from a different profession** for half a day. Discuss or write about the experience. Include what circumstances or situations lend themselves best to your professions' working together.
2. Study the following list of **patient care skills**. (You may brainstorm to add to list.)

Patient care skills

- taking a history
- performing a physical examination
- diagnosing medical illnesses
- diagnosing psychiatric or psychological illnesses
- discussing the results of lab tests
- formulating a care plan
- prescribing medications
- educating patients about diet
- educating patients about exercise

- treating pain
- prescribing medications
- educating patients about medications
- helping patients in creating a support network
- talking to patients about personal problems
- helping patients to cope with their illness

Reflect:

- List the skills with which you feel most secure.
 - List the skills with which you feel least secure. Which profession do you feel would be better qualified to provide those skills?
 - Which skills would you like to add to your practice?
3. **Role-play.** Read and discuss Case 1, 2, 3, or 4 in the Patient Case Bank in *Section IV*. Assign a different professional role to each person. Formulate a cross-professional treatment plan for coordination of care.

Questions:

- Which team members should be involved in the case?
 - What role should each team member play?
4. **Describe your experience(s)** in cross-professional care in a clinical or training setting.

Questions:

- What were positive and negative aspects of your experiences?
- What is your ideal practice environment?

Suggested Assessment Strategies



Many of the learning activities above may also be used as assessment activities. For general suggestions on assessment strategies, see *Section IV, Resources for Teaching and Assessment*.

1. **Concept or mind-map.** Direct learners to write the words “team care of osteoporosis” in the center of a blank sheet of paper. Then direct them to map out the concept as they understand it, linking words with lines, circles, or other illustrative marks.
2. **Short essay exam.** Ask students to respond to the following: Pick two health care professionals involved in the care of patients with osteoporosis. Compare their roles and responsibilities.
3. **Chart review.** Review the SOAP notes that students write for patients they see in the clinical setting. Evaluate for appropriate inclusion of various health professionals in the patient care plan.
4. **Take-home exam or written paper.** Write up a patient case that includes recommendations of resources available in the patient’s home community.
5. **Simulated referrals.** Provide students with a set of patient case summaries. Direct students to write referral notes to one or all of the following: specialist physician, occupational therapist, physical therapist, dietitian, pharmacist, social worker.

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